Let your light shine.

Matthew 5:16

Whitley Memorial Primary School

Allergy and Anaphylaxis Policy

Effective from September 2026

This policy has been reviewed by School Governors:
The allergy lead is: **Deputy Head Mrs Paula Townsend**
The Named Person is: **Headteacher Mrs Stephanie Roome**
The Governing Body approved the policy: **September 2026**
The policy will be reviewed: **Annually**
Applies to: **All pupils, staff, voluteers, contractors, visitors, wraparound care and school led-activities.**

Status: This policy reflects the Department for Education statutory guidance "Allergy safety in schools", published 6 July 2026, and the allergy safety duties introduced by section 34 of the Children's Wellbeing and Schools Act 2026. It should be read alongside the statutory guidance "Supporting pupils with medical conditions at school", which remains in force.

1. Purpose

This policy sets out how the school will identify and support pupils with allergies, reduce avoidable exposure to allergens, ensure rapid access to prescribed and spare adrenaline devices, and respond safely and inclusively to allergic reactions and anaphylaxis.

2. Scope

This policy applies throughout the school day and to breakfast and after-school clubs, catering, transport arranged by the school, educational visits, residential trips, sports fixtures, performances, fundraising events and all other school-led activities. It also applies to agency staff, volunteers, contractors and visitors where relevant.

3. Legal and guidance framework

The school will have regard to section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026; the Department for Education statutory guidance "Allergy safety in schools" (July 2026); the statutory guidance "Supporting pupils with medical conditions at school", which remains in force; food information and allergen legislation; and government guidance on emergency adrenaline auto-injectors in schools. This policy should be read alongside the Supporting Pupils with Medical Conditions Policy, First Aid Policy, Educational Visits Policy, Safeguarding Policy and Health and Safety Policy.

For pupils in Reception and any other provision for young children within the EYFS age range, this policy will also be implemented alongside the current statutory Early Years Foundation Stage (EYFS) framework and its safeguarding and welfare requirements.

4. Policy principles

- Allergy is a potentially serious medical condition. Anaphylaxis is a time-critical medical emergency.
- No school can guarantee an allergen-free environment. The school will instead use proportionate, evidence-based controls to reduce risk and prepare for emergencies.
- Pupils with allergies will be included in education, meals, clubs, trips and wider school life. Reasonable adjustments and individual planning will be used rather than unnecessary exclusion.
- Information will be shared on a need-to-know basis, with appropriate respect for privacy and data protection.
- Pupils will not be stigmatised, isolated or bullied because of allergy, dietary requirements or the need to carry medication.

5. Roles and responsibilities

5.1 Governing body

- Governors will oversee allergy safety.
- Ensure this policy is implemented, resourced, published and reviewed at least annually and after any serious incident or near miss.
- Seek assurance that training, care plans, emergency arrangements, catering controls and spare adrenaline provision are effective.

5.2 Allergy lead / Headteacher

- Act as the named senior leader for allergy safety and nominate a deputy.
- Maintain an up-to-date register of pupils with allergies and ensure relevant staff can access necessary information promptly.
- Ensure Individual Healthcare Plans and Allergy Action Plans are prepared, implemented and reviewed.
- Arrange induction and at least annual whole-school allergy and anaphylaxis training, with additional role-specific training.
- Ensure adequate trained staffing and contingency arrangements at all times, including clubs and trips.
- Ensure serious incidents and near misses are recorded, investigated and reported to governors.

5.3 All staff, volunteers and contractors

- Complete required training and follow this policy, care plans and emergency procedures.

- Take allergy disclosures and symptoms seriously; never delay emergency treatment while seeking permission.
- Know how to summon help, where adrenaline devices are kept and how to use the devices available in school.
- Challenge unsafe practice, bullying and food-sharing where it creates a known risk.
- Report reactions, errors, missing medication, expired devices and near misses immediately.

5.4 Parents/carers and pupils

- Parents/carers must provide accurate, current medical information, prescribed medication in date and labelled, and emergency contact details.
- Parents/carers should participate in care-plan reviews and notify the school promptly of changes.
- Pupils should contribute to planning in line with age and understanding, avoid known allergens, not share food where unsafe, and report symptoms immediately.
- Pupils who are competent to carry their own adrenaline device should be enabled to do so, with an accessible back-up arrangement.

6. Identification and individual planning

- Allergy information will be requested on admission and reviewed at least annually and whenever circumstances change.
- A pupil at risk of anaphylaxis will have an Individual Healthcare Plan (IHP), normally incorporating a clinician-approved Allergy Action Plan.
- The IHP will cover allergens and triggers; usual and severe symptoms; prescribed medication and dose; location of devices; level of self-management; emergency contacts; meal and classroom arrangements; PE, clubs, trips and transport; and reasonable adjustments.
- Plans will be developed with the pupil, parent/carer and relevant healthcare professional. Staff with responsibilities under the plan will be briefed before the pupil attends or the activity takes place.
- Temporary or newly reported allergies will be managed using an interim risk assessment while clinical information is obtained.
- The school will also have appropriate arrangements for staff, regular volunteers and other adults working within the school to notify the Headteacher/designated allergy lead of any allergy that may require reasonable adjustments or emergency arrangements. Where relevant, visitors and contractors will be asked to make the school aware of significant allergy needs before participating in school activities.

6.1 Early Years Foundation Stage (EYFS), including Nursery and Reception

The school recognises that children in the Early Years Foundation Stage, including Nursery and Reception, may require additional support to manage allergies safely due to their age, stage of development and ability to recognise, communicate or avoid exposure to allergens.

Allergy arrangements for children in Nursery and Reception will be implemented in accordance with this policy and the statutory Early Years Foundation Stage (EYFS) framework. Individual arrangements will take account of each child's age, developmental stage, communication needs and ability to recognise and communicate symptoms.

Where a child has a known allergy, relevant staff will be made aware of the child's allergens, known triggers, symptoms, Individual Healthcare Plan and Allergy Action Plan before the child attends Nursery

or Reception. This information will be shared with all staff responsible for the child, including teachers, teaching assistants, nursery practitioners, lunchtime staff and wraparound-care staff where relevant.

Particular care will be taken in Nursery and Reception to:

- provide close supervision during meals, snacks and food-related activities;
- prevent unsafe sharing of food, drinks and utensils;
- ensure appropriate handwashing before and after eating and food-related activities;
- check ingredients and materials used in cooking, baking, sensory play, messy play and other practical activities where there may be a risk of allergen exposure;
- consider allergy risks when using play materials, modelling materials, food-based sensory activities, celebrations and activities involving animals;
- ensure prescribed medication and emergency adrenaline devices are immediately accessible wherever the child is being cared for, including during outdoor provision;
- recognise that young children may be unable to clearly describe symptoms and therefore respond promptly to changes in behaviour, appearance, breathing, voice, level of consciousness or responsiveness that may indicate an allergic reaction;
- ensure effective communication and safe transfer of responsibility during transitions between Nursery and Reception activities, indoor and outdoor provision, mealtimes and changes in staffing;
- ensure that agency staff, students, volunteers and other adults working in the EYFS are appropriately briefed about relevant children's allergy needs before taking responsibility for or supervising them.

Parents/carers will be fully involved in planning allergy arrangements for children in Nursery and Reception and will be asked to provide up-to-date information about the child's allergy, symptoms, prescribed medication and known triggers. Arrangements will be reviewed regularly and whenever the child's needs or medical advice change.

Children in Nursery and Reception will be supported to develop age-appropriate awareness of their allergy and, where appropriate, to recognise symptoms and seek help from an adult. However, responsibility for allergy management, avoidance of allergens and emergency response remains with the adults caring for the child.

Where a child attends wraparound care or moves between Nursery, Reception and other areas of the school day, the school will ensure that relevant allergy information, medication and emergency arrangements are communicated clearly and that responsibility for the child's safety is appropriately transferred between staff.

7. Training from September 2026

The school will provide regular allergy awareness and emergency-response training to all staff at least annually. New starters, temporary staff and relevant volunteers will receive training or a documented briefing before supervising pupils. Attendance and competence records will be retained.

7.1 Core training for all staff

- What allergy is, how reactions occur and why anaphylaxis is life-threatening.
- The main food allergens and the difference between food allergy, food intolerance and coeliac disease.
- Common mild, moderate and severe symptoms, including airway, breathing and circulation warning signs.

- Immediate emergency response: administer adrenaline without delay where anaphylaxis is suspected; call 999; state “anaphylaxis”; follow the pupil’s plan; position and monitor the pupil; give a second dose when indicated and available; and ensure hospital assessment.
- Practical familiarisation with every adrenaline device stocked or likely to be used in school, using trainer devices where available.
- Location and rapid retrieval of pupils’ prescribed devices and the school’s spare devices.
- Risk reduction in classrooms, catering, clubs, trips and events.
- The effect of allergy on inclusion, anxiety and wellbeing, and the prevention of allergy-related bullying.

7.2 Enhanced role-specific training

- Staff named in IHPs will receive child-specific instruction and competency assessment where required.
- Catering staff will receive food-allergen management training, including ingredient checks, substitutions, cross-contact controls, cleaning, service communication and record keeping.
- Trip leaders, wraparound-care staff, PE staff and first aiders will receive scenario-based training relevant to their roles.
- Training will be refreshed following a serious incident, near miss, material policy change, or introduction of a new adrenaline delivery device.

8. Reducing exposure to allergens

- Undertake proportionate risk assessments for classrooms, practical lessons, food technology, science, art/craft materials, celebrations, fundraising, animals, catering and shared equipment.
- Avoid blanket “allergen-free” claims unless they can be evidenced and reliably controlled. Any restriction on bringing particular foods onto site will be risk-based, clearly communicated and regularly reviewed.
- Discourage unsafe food sharing and require handwashing and effective surface cleaning where food is handled or eaten. Alcohol hand gel does not reliably remove food allergens.
- Use alternatives where an activity presents an avoidable exposure risk, while maintaining the pupil’s inclusion.
- Ensure suppliers and caterers communicate ingredient and substitution changes before service. Never rely only on previous packaging or menus.
- Ensure allergen information is available and accurate for food served, including prepacked-for-direct-sale food where applicable.
- Use a clear process for special-diet requests, meal identification, preparation, service and handover.

9. Adrenaline devices and other medication

- Prescribed adrenaline devices must be immediately accessible and not locked away. They should accompany the pupil to all parts of school and all off-site activities.
- The school will encourage provision of two prescribed devices where this reflects the pupil’s prescription and action plan.
- The school will stock spare adrenaline auto-injectors (AAIs) of the correct dosage for its pupils and store them in pairs, in line with the Department for Education statutory guidance and current Department of Health and Social Care guidance.

- Spare devices will be readily accessible and not locked away, clearly signposted, stored at room temperature in line with manufacturer instructions, and positioned so that adrenaline can be brought to and administered to a pupil within five minutes wherever it may be needed.
- A named person will check stock, seals, storage condition and expiry dates at least monthly and arrange replacement after use or before expiry.
- A spare device may be used in accordance with current law, government guidance and the school emergency protocol. Prior parental consent is not required in an emergency where reasonable action is needed to save a life, although obtaining advance consent is good practice.
- Asthma inhalers and other medicines identified in the pupil's plan must also be immediately available, as asthma can increase risk during an allergic reaction.

10. Emergency response to suspected anaphylaxis

Emergency rule: If anaphylaxis is suspected, give adrenaline immediately. Adrenaline is the first-line treatment. Do not wait for all symptoms to appear and do not leave the pupil alone.

1. Recognise: treat sudden airway, breathing or circulation problems as anaphylaxis. Severe symptoms may occur with or without skin changes.
2. Give adrenaline immediately using the pupil's prescribed device. If it is unavailable, faulty, out of date or the wrong device cannot be found promptly, use the school spare device where permitted by the emergency protocol.
3. Call 999 and say "anaphylaxis". Give the school address, exact location and details of adrenaline given.
4. Position the pupil appropriately: usually lie flat with legs raised; if breathing is difficult, allow them to sit with legs outstretched; if unconscious, use the recovery position. Do not allow them to stand or walk.
5. Give a second adrenaline dose after 5 minutes if symptoms are not improving or are worsening, using a second device. Follow current device instructions and the pupil's action plan.
6. Monitor continuously, commence CPR if needed, send someone to direct the ambulance, and contact parents/carers. A pupil treated for suspected anaphylaxis must be transferred to hospital and must not return to normal activities that day.

A suspected first reaction in a pupil with no known allergy will be managed in the same way: call 999, give a spare adrenaline device where legally permitted and clinically indicated under the school protocol, and provide continuous monitoring.

11. Educational visits, sport and off-site activities

- Allergy needs will be considered at the earliest planning stage and included in the visit risk assessment.
- A pupil will not be excluded solely because of allergy where reasonable adjustments can make participation safe.
- The trip leader will confirm medication, trained staff, communication, emergency access, food arrangements, location of the nearest emergency care and mobile signal/alternative communication.
- Prescribed devices and appropriate spare devices will travel with the group and remain immediately accessible, not stored in luggage or a vehicle separated from the pupil.

- For residential or overseas visits, arrangements will be agreed with parents/carers and, where appropriate, the pupil's healthcare team well in advance.

12. Communication, confidentiality and wellbeing

- Relevant staff will receive concise, current information, including pupil photographs where lawful and useful for identification.
- Information will be shared only as necessary for safety and inclusion, stored securely and updated promptly.
- The school will teach age-appropriate allergy awareness and respectful behaviour without identifying a pupil unnecessarily.
- Allergy-related teasing, deliberate exposure, coercion to eat, hiding medication or exclusion will be treated seriously under the Behaviour and Anti-Bullying Policies.
- The pupil's voice will be heard in decisions, including how they wish information to be shared with peers.
- This policy will be published on the school website and communicated to staff as part of induction and annual allergy training. Parents and carers will be informed of the school's approach to allergy management and directed to the policy on admission and when a significant allergy is identified. Relevant volunteers, contractors and wraparound-care providers will be briefed on the aspects of the policy that apply to their role.

13. Incident, near-miss and post-event arrangements

- Record the event promptly, including symptoms, timings, devices used, batch/expiry where available, emergency calls and outcome.
- Notify parents/carers and relevant leaders as soon as practicable. Complete statutory or local reporting where applicable.
- Replace used or compromised devices immediately and preserve relevant packaging/food information where needed for investigation.
- Offer appropriate support to the pupil, peers and staff following a serious event.
- The named senior leader and governor/trustee will review every serious reaction and near miss, identify lessons, update risk controls and IHPs, and determine whether training or policy changes are required.
- Information provided by the pupil and their parents/carers following an allergic reaction or near miss will be considered as part of the review and used, alongside information from staff and other relevant professionals, to identify any changes required to the pupil's IHP, risk assessment or wider school procedures.

14. Monitoring and review

The governing body will receive assurance at least annually on:

- completion of whole-school and role-specific training;
- number and quality of IHPs/Allergy Action Plans;
- availability, location and expiry status of prescribed and spare devices;
- catering and allergen-control audits;
- incidents, near misses, complaints and learning actions;
- inclusion in trips, clubs and meals; and

- Ongoing implementation of the Department for Education statutory guidance “Allergy safety in schools” and the school’s statutory allergy safety duties.

This policy will be reviewed at least annually and sooner after any serious incident, near miss, significant change in law or guidance, or identified weakness in practice.

Appendix A - Annual implementation checklist

Check	Owner	Date	Evidence / action
Named senior leader and governor confirmed			
Policy approved, published and cross-referenced			
Allergy register checked and updated			
IHPs and Allergy Action Plans reviewed			
All staff training completed and recorded			
New starter/agency/volunteer briefing process active			
Practical adrenaline-device training completed			
Catering allergen controls audited			
Prescribed device access checked			
Spare adrenaline stock, strengths, pairs and expiry checked			
Emergency signage and 999 script displayed			
Clubs, trips and transport arrangements checked			
Pupil wellbeing and anti-bullying measures reviewed			
Incidents and near misses reviewed by governors/trustees			

Appendix B - Emergency anaphylaxis prompt

SUSPECT ANAPHYLAXIS

GIVE ADRENALINE NOW

CALL 999 - SAY "ANAPHYLAXIS"

LIE FLAT / POSITION FOR BREATHING - DO NOT LET THE PUPIL STAND OR WALK

SECOND DOSE AFTER 5 MINUTES IF NOT IMPROVING

MONITOR, CPR IF NEEDED, TRANSFER TO HOSPITAL

Appendix C - Key references

- Department for Education, Supporting pupils at school with medical conditions (current statutory guidance).
- Department for Education, Allergy safety in schools: statutory guidance, published 6 July 2026.
- Children's Wellbeing and Schools Act 2026, section 34 (allergy safety policy duties).
- Department for Education, Allergy safety policy – template, published alongside the statutory guidance on 6 July 2026.
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools.
- Food Standards Agency, allergen guidance and training for food businesses and institutional caterers.
- MHRA, current guidance and device-specific instructions for adrenaline devices.

Local completion required: Replace all square-bracketed placeholders; insert local contact details, device locations, consent arrangements, escalation routes, catering procedures and links to the school's IHP and incident forms before approval.